

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date Stamp [received]
JUN 11 2014
Bayfield Co. Zoning Dept.

ENTERED

Permit #: 14-0137
Date: 6-16-14
Amount Paid: \$900 6-11-14
Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: <u>MURPHY, MICHAEL</u>	Mailing Address: <u>PO Box 175</u>	City/State/Zip: <u>WASHBURN, WI 54814</u>	Telephone: <u>715 373 0422</u>
Address of Property: <u>79346 STATE HWY 13</u>	City/State/Zip: <u>WASHBURN, WI 54814</u>	Cell Phone: <u>715 809-0954</u>	Plumber Phone: <u>809-0954</u>
Contractor: <u>WASHBURN, WI</u>	Contractor Phone: <u>54814</u>	Plumber: <u>54814</u>	Plumber Phone: <u>54814</u>
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone: <u>54814</u>	Agent Mailing Address (include City/State/Zip): <u>54814</u>	Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
PROJECT LOCATION: <u>1/4, 1/4</u>	Legal Description: (Use Tax Statement) <u>Gov't Lot 3, Lot(s) 2, CSM 1733, Vol & Page 10/167</u>	PIN: (23 digits) <u>008249641640500308200</u>	Recorded Document: (i.e. Property Ownership) Volume <u>1058</u> Subdivision: <u>1058</u> Page(s) <u>244</u>
Section <u>16</u> , Township <u>49</u> N, Range <u>04</u> W	Townlot: <u>BAYVIEW</u>	Lot Size	Acres <u>7.68</u>

<input checked="" type="checkbox"/> Shoreland <input type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If Yes--continue <input checked="" type="checkbox"/> <input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes--continue <input checked="" type="checkbox"/>	Distance Structure is from Shoreline: <u>41-450 feet</u>	Distance Structure is from Shoreline: <u>41-450 feet</u>	Is Property in Floodplain Zone? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Value at time of Completion * include donated time & material <u>\$ 30,000</u>	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	Specify Type: <u>Sanitary (Exists)</u>	<input checked="" type="checkbox"/> City <input type="checkbox"/> Well
<input type="checkbox"/> Addition/Alteration	<input checked="" type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	Specify Type: <u>Sanitary (Exists)</u>	<input type="checkbox"/> X Well
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/>	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists)	Specify Type: <u>Sanitary (Exists)</u>	<input type="checkbox"/>
<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or Vented (min 200 gallon)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> None	<input type="checkbox"/>	<input type="checkbox"/>

Existing Structure: (if permit being applied for is relevant to it)	Length: <u>48</u>	Width: <u>16</u>	Height: <u>20 Ft</u>
Proposed Construction:	Length: <u>48</u>	Width: <u>16</u>	Height: <u>20 Ft</u>

Proposed Use	Principal Structure (first structure on property)	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)		()	
<input type="checkbox"/>	with Loft		()	
<input type="checkbox"/>	with a Porch		()	
<input type="checkbox"/>	with (2 nd) Porch		()	
<input type="checkbox"/>	with a Deck		()	
<input type="checkbox"/>	with (2 nd) Deck		()	
<input type="checkbox"/>	with Attached Garage		()	
<input type="checkbox"/>	Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities		()	
<input type="checkbox"/>	Mobile Home (manufactured date)		()	
<input type="checkbox"/>	Addition/Alteration (specify)		()	
<input checked="" type="checkbox"/>	Accessory Building (specify) <u>garage with lean-to</u>		()	
<input type="checkbox"/>	Accessory Building Addition/Alteration (specify)		()	
<input type="checkbox"/>	Special Use: (explain)		()	
<input type="checkbox"/>	Conditional Use: (explain)		()	
<input type="checkbox"/>	Other: (explain)		()	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES.
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application, I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): [Signature]
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date 6-11-14

Authorized Agent: [Signature]
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date 6-11-14

S 89 22 41
N 21 20
S 0

Below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
- (2) Show / Indicate: **North (N) on Plot Plan**
- (3) Show Location of (*): **(*) Driveway and (*) Frontage Road (Name Frontage Road)**
- (4) Show: **All Existing Structures on Your Property**
- (5) Show: **(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond**
- (6) Show any (*):
- (7) Show any (*): **(*) Wetlands; or (*) Slopes over 20%**

RECEIVED +
ROB SCHICERMAN
THROU THIS
APPLICATION

SEE ATTACHED.

INSPECTION BY AUGUSTA CORE IN 2013 DETERMINED THE WETLAND AREA IS NEITHER AN INTERMITTENT STREAM OR NAVIGABLE WATERWAY. SEE M.

Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

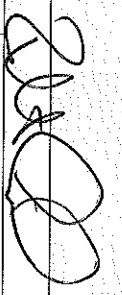
Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	324 Feet	Setback from the Lake (ordinary high water mark)	450 +/- Feet
Setback from the Established Right-of-Way	274 Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	42 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	539 Feet	Setback from Wetland	Not mapped
Setback from the West Lot Line	234 Feet	20% Slope Area on property	130 Feet
Setback from the East Lot Line	120 Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	61 Feet	Setback to Well	90 Feet
Setback to Drain Field	150 Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.
Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.
The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: <u>11-955</u>	# of bedrooms: <u>3</u>	Sanitary Date: <u>9-21-2011</u>
Permit Denied (Date):		Reason for Denial:		
Permit #: <u>14-037</u>	Permit Date: <u>6-16-14</u>			
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)	Case #: <u>N/A</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #: <u>N/A</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was Proposed Building Site Delineated	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Inspection Record: <u>Well Staked at inspection (see photos), previous permits issued in Jan 2012. Surveyed lot line identified with fence posts.</u>				
Date of Inspection: <u>6/13/2014</u>	Inspected by: <u>Robert Schicerman</u>	Zoning District: <u>(RRB)</u>	Lakes Classification: <u>()</u>	Date of Re-Inspection: <u>N/A</u>
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> <u>Yes</u> <input type="checkbox"/> <u>No</u> (If No they need to be attached.)				
Must NOT be used for human habitation unless all County and UDC codes are met for such use.				
Signature of Inspector: 		Date of Approval: <u>6/16/2014</u>		
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>

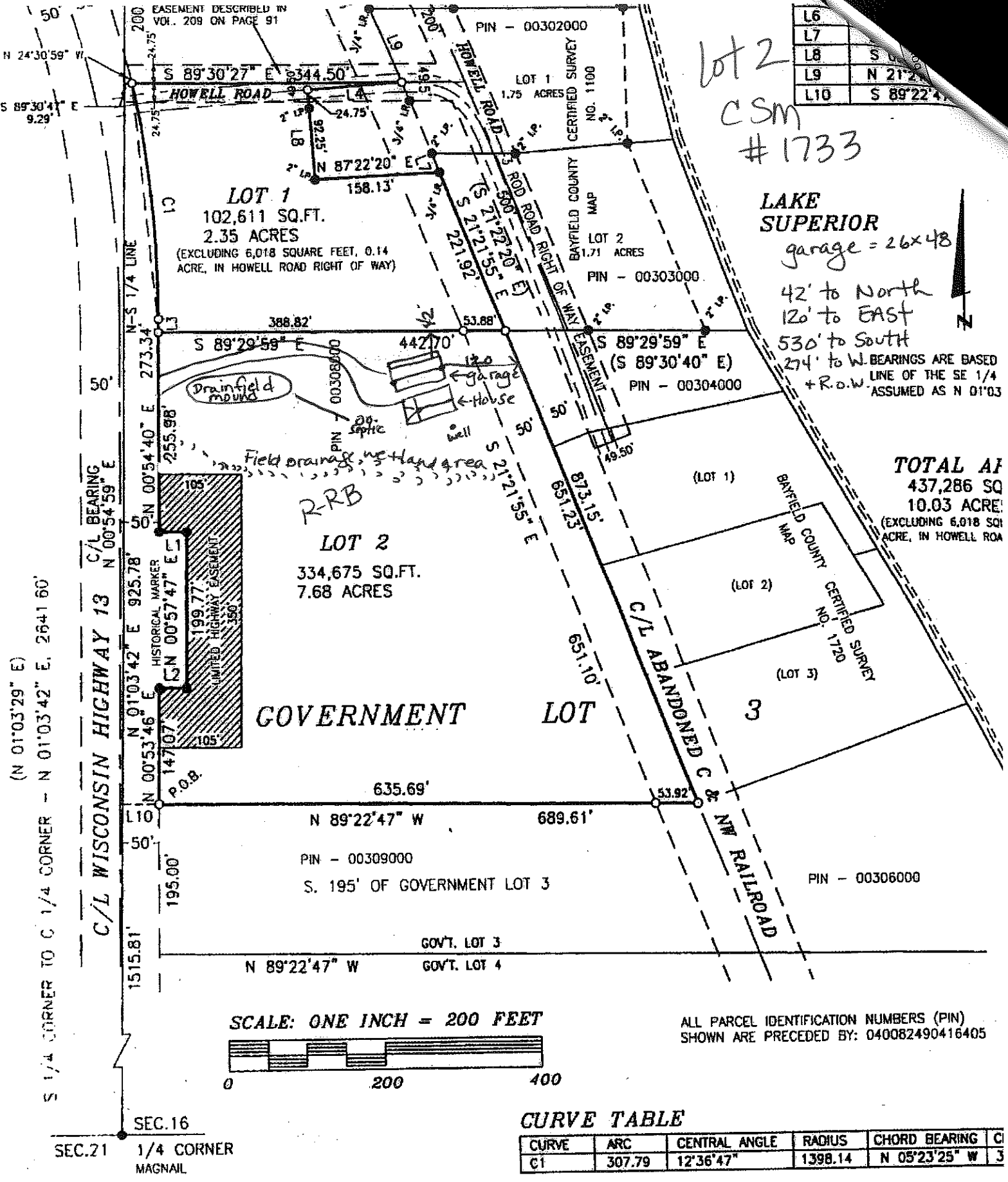
L6	
L7	
L8	S
L9	N 21° 2'
L10	S 89° 22' 4"

lot 2
CSM
#1733

LAKE SUPERIOR
garage = 26x48

42' to North
120' to EAST
530' to South
274' to W. BEARINGS ARE BASED
LINE OF THE SE 1/4
+ R.O.W. ASSUMED AS N 01° 03'

TOTAL AI
437,286 SQ
10.03 ACRES
(EXCLUDING 6,018 SQ
ACRE, IN HOWELL ROAD



(N 01° 03' 29" E)

S 1/4 CORNER TO C 1/4 CORNER - N 01° 03' 42" E, 2641.60'

C/L WISCONSIN HIGHWAY 13 C/L BEARING N 00° 54' 59" E

SEC. 16
SEC. 21 1/4 CORNER MAGNAIL

CLIENT: VAN DYKE, S.

JOB NO.: 07/158
JANUARY 5, 2011
NB. 356 PG. 93
DRAFTED BY: T. OKSIUTA

SCALE: ONE INCH = 200 FEET
FILE: N/T49NR4W/SECTION16
PSDATA/NO7_158
ACAD/NO7158 VAN DYKE CSM
SHEET 1 OF 2 SHEETS

NELSON
SURVEYING
INCORPORATED
SURVEYING NORTHERN WISCONSIN
MAP 1

LEGEND (0.00) RECORDED DATA
MONUMENT SET PREVIOUS SURVEY, AS NOTED
1" X 18" IRON PIPE SET THIS SURVEY,
WEIGHT 1.13 LB./FT.
PIPE DIMENSIONS ARE OUTSIDE DIAMETER.
I.P. = IRON PIPE I.R. = IRON ROD

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN



Permit #:	14-0139
Date:	6-18-14
Amount Paid:	\$175 6-6-14
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

HOW DO I FILE OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp)

Date Stamp (Received)
JUN 05 2014

TYPE OF PERMIT REQUESTED → <input type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVATE <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER		
Owner's Name: <u>Richard Dillon & Et Al</u>	Mailing Address: <u>703 OAKLAND AVE STANLEY, WI 55102</u>	Telephone: <u>715-373-5712</u>
Address of Property: <u>81240 McCulloch Rd</u>	City/State/Zip: <u>WASHBURN, WI 54891</u>	Cell Phone: <u>651-331-5936</u>
Contractor: <u>Self</u>	Contractor Phone: <u>EA Umblewski</u>	Plumber: <u>EA Umblewski</u>
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone: <u>(631) 40</u>	Agent Mailing Address (include City/State/Zip): <u>(631) 40</u>
PROJECT LOCATION <u>PMT of NW1/4, SW1/4</u>	Legal Description: (Use Tax Statement) <u>SW1/4</u>	PIN: (23 digits) <u>04-608-2-44-04-05-3 63-000-20000</u>
Gov't Lot	Lot(s)	CSM
Vol & Page	Lot(s) No.	Block(s) No.
Subdivision:	Volume	Page(s)
<u>1025</u>	<u>928</u>	
Section <u>5</u> , Township <u>44</u> N, Range <u>4</u> W	Town of: <u>Bayview</u>	Lot Size
Acres	<u>5</u>	

<input type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes—continue →	Distance Structure is from Shoreline: _____ feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—continue →	Distance Structure is from Shoreline: _____ feet		

Value at Time of Completion *include donated time & material <u>\$196,000</u>	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
<input type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input checked="" type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	Specify Type: _____	<input type="checkbox"/> City
<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	Specify Type: _____	<input checked="" type="checkbox"/> Well
<input type="checkbox"/> Conversion	<input checked="" type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists)	Specify Type: <u>CONV.</u>	
<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Privy (Prt) or Vented (min 200 gallon)		
<input checked="" type="checkbox"/> Run a Business on Property	<input checked="" type="checkbox"/> No Basement	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)		
	<input checked="" type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> Compost Toilet		
	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> None		

Existing Structure: (if permit being applied for is relevant to it)	Length: <u>44</u>	Width: <u>48</u>	Height: <u>24</u>
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Proposed Construction:	Length: _____	Width: _____	Height: _____
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Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/>	Principal Structure (first structure on property)	() X ()	
<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	() X ()	
<input type="checkbox"/>	with Loft	() X ()	
<input type="checkbox"/>	with a Porch	() X ()	
<input type="checkbox"/>	with (2 nd) Deck	() X ()	
<input type="checkbox"/>	with (2 nd) Deck	() X ()	
<input type="checkbox"/>	with Attached Garage	() X ()	
<input type="checkbox"/>	Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities	() X ()	
<input type="checkbox"/>	Mobile Home (manufactured date)	() X ()	
<input type="checkbox"/>	Addition/Alteration (specify)	() X ()	
<input type="checkbox"/>	Accessory Building (specify)	() X ()	
<input type="checkbox"/>	Accessory Building Addition/Alteration (specify)	() X ()	
Rec'd for Issuance			
<input checked="" type="checkbox"/>	Special Use: (explain) <u>UNIT SHORT TERM RENTAL</u>	() X ()	
<input type="checkbox"/>	Conditional Use: (explain)	() X ()	
<input type="checkbox"/>	Other: (explain)	() X ()	
Secretarial Staff			

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application, I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s) Self
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: SCME
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit 81240 McCulloch Rd, Washburn, WI 54891
(If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Date 5/24/14

the box below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%

See Attached map

Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	194 Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
		Setback from the Bank or Bluff	Feet
Setback from the North Lot Line	75 Feet	Setback from Wetland	Feet
Setback from the South Lot Line	136 Feet	Setback from 20% Slope Area	Feet
Setback from the West Lot Line	431 Feet	Elevation of Floodplain	Feet
Setback from the East Lot Line	Feet		Feet
Setback to Septic Tank or Holding Tank	56 Feet	Setback to Well	16 Feet
Setback to Drain Field	116 Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: 16557	# of bedrooms: 2	Sanitary Date: 4-4-80
Permit Denied (Date):	Reason for Denial:	appeal for (3) people? not #4 bedrooms		
Permit #: 14-0139	Permit Date: 6-18-14			
Is Parcel a Sub Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Case #:		Case #:		
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Was Proposed Building Site Delineated	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Inspection Record: owner present				
Date of Inspection: 6-17-14	Inspected by: CHRONOSOLLS, Murphy			
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached.)				
occupancy shall not exceed (4) persons P&E would design. Rental shall not be the cause of nuisance noise traffic for surrounding rural residential property owners. Health Dept license shall be maintained.				
Signature of Inspector:				Date of Approval: 6-17-14
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	

